

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 535424

FILING DATE

5-19-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12	1					
13		1				
14		2				
15		3				
16		3				
17		3				
18		1				
19		1				
20	1					
21		1				
22		2				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29	1					
30		1				
31		3				
32		3				
33		3				
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48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

C. Burt